

# Application for Renewal of Alcoholic Beverages License

## Board of Liquor License Commissioners for Baltimore City –

### Renewal 2015

#### Establishment Information

Corporate/ Partnership /Entity Name: UR of Inner Harbor MD, Inc.

Trade Name: Uno Pizzeria & Grill      Class Type: B      Bus Phone: 410-625-5900

Location address: 201 E. Pratt St., Baltimore, MD 21202

Mailing Address: 100 Charles Park Rd.      City / State: West Roxbury, MA      ZIP Code: 02132

Are the operations open? ☒ YES ☐ NO      If NO, when did it close?      Last 8 Digits Sales Tax ID: 10627204

Is the property owned or leased? ☒ YES ☐ NO      If leased, expiration date: 12-31-19

On what floors does your business operate? Spce 108 Upper level      Where is your alcohol stored? Locked storage room

Provide capacity as per Fire Dept.? 240 & 120 Patio      For Class "B" only over 150, list dining capacity? 191

If applicable: General Manager Name: Alex Fouladi

Manager Phone: 410-625-5900      Email: 704@unos.com      Cell or Fax: Fax: 410-539-0728

#### Licensee 1 Information

Name: Andrew Winick

Current Home address: 212 Ridgewood Rd., Baltimore, MD 21210      How long? 2

Phone:      E-mail: awinick@marketabletitle.net      Cell

City: Baltimore      State: MD      ZIP Code: 21210

Date of Birth      Are you a City Resident? ☒ YES ☐ NO City resident, how long? Greater than 10 yrs

If not a City resident please list property owned on which taxes are

#### Licensee 2 Information

Name: Martha K. White

Current Home address: 1011 E. Lake      How long? 2

Phone:      E-mail: mwhite@mnmr.com      Cell

City: Baltimore      State: MD      ZIP Code: 21212

Date of Birth      Are you a City Resident? ☒ YES ☐ NO City resident, how long? > 5 yrs

If not a City resident please list property owned on which taxes are

#### Licensee 3 Information

Name: David Luby

Current Home address: 5105 Clifford Rd.      How long? ~6 yrs

Phone:      E-mail: dluby@mwblaw.com      Cell:

City: Perry Hall      State: MD      ZIP Code: 21128

Date of Birth      Are you a City Resident? ☐ YES ☒ NO City resident, how long?

If not a City resident please list property owned on which taxes are paid: N/A

Below are a series of questions regarding your operations and all questions must be answered so that your application can be deemed complete. Note that all information must be provided under state law for license renewal. (Mark X below)

	Yes	No
Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2014-2015 or previous years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you affirm that all taxes due to state and local agencies are current and up to date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you been convicted and/or found guilty for violating any local, State or Federal criminal offense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe: _____ When: _____ Where: _____		
Do you provide live entertainment? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide outdoor table service? (If not applicable answer NO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you provide off premises catering of food and alcohol? (If not applicable answer NO)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have an up to date Alcohol Awareness Certificate? Expiration date: 9/4/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11/10/14 # 94064

Are there any majority stockholder or corporate officer changes from last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe and provide information on stockholders: (significant change may require a new application): Change of officers, new President and new CFO. This person was not a named licensee.		
<b>Questions Continued</b>		
Do you provide delivery services of alcohol and/or food?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have Workers Compensation insurance? If yes enter policy #WMN5933303 _____ Expiration Date 10/1/15 _____ Insurance Carrier: Mass. Bay Ins. Co. _____ If No, please note, number of employee: N/A _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe:		

### Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

Signature of licensee: <u>Andrew Winick</u>	Date: <u>3/30/15</u>
Signature of licensee: <u>Martha White</u>	Date: <u>3/12/15</u>
Signature of licensee: <u>David Luby</u>	Date: <u>3/12/15</u>

County

### AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

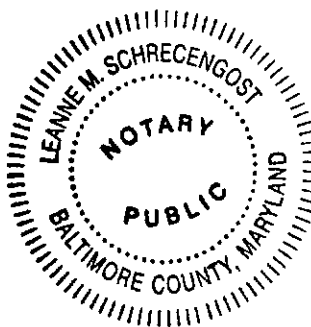
I hereby certify that on the 12<sup>th</sup> day of March, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for Baltimore County, personally appeared Martha K. White & David E. Luby the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Name: [Signature]

[Notary Seal]

My Commission expires 3/4/18



### READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

If this application is not filed on or before March 31, 2015 to the office of Board, 231 E. Baltimore Street, Suite 600, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not renewed as of May 1, 2015.

Application Fee \$50.00

Extract from Section 16-501 of Article 2B of the State of Maryland – Alcoholic Beverage Laws: If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

For BLLC Staff Only: *Please ADD Staff Initials and notes*

Received Date:

Contact Date(s)

Status : Complete Date:

Incomplete: